

At seven p. m. the child continued well. At the request of the mother, a portion of the liniment was left, to be applied if required.

16th. The liniment was not applied. Cured."

52. *Leucorrhœa*.—Dr. BAZZONI, in a memoir in the *Annali Universali di Med.* for February last, extols the powers of the secale cornutum in the cure of leucorrhœa. He relates eight cases of the disease relieved by that remedy.

53. *Dropsy cured by Kahinga*.—Two cases of dropsy successfully treated by the root of kahinga are recorded in the *Transactions Médicales* for March last, by Dr. FRANCOIS.

54. *Cure for the Tooth-ache*.—The learned editor of our esteemed cotemporary, the *London Medical and Surgical Journal*, Dr. RYAN, recommends the nitric acid as affording immediate relief in the tooth-ache, when arising from caries. He says that he has used it in numerous cases, and invariably with success. In some instances the disease does not return for days or weeks, and in others not for months. The best mode of employing it, according to Dr. R. "is by means of lint wrapped round a probe, and moistened with the acid, which is then to be slowly applied to the cavity of the tooth; care being taken not to touch the other teeth, the gums, or the cheeks. On withdrawing the probe, and inquiring how the patient feels, the usual reply is, 'the pain is entirely gone.' The mouth is next to be washed with tepid water. The acid should be gradually applied to the whole cavity of the tooth, or otherwise a second application will be required before complete relief will be obtained.

"This remedy may be used when the gum and cheek are inflamed, so as to preclude the possibility of extraction. In cases where the diseased fang remains, and when the caries faeces the adjacent tooth, it obviates the necessity of extraction in all cases of hollow teeth, which all practitioners declare to be desirable, if possible; and it enables the dentist to perform the operation of 'stopping or filling teeth,' much sooner than he can otherwise accomplish. In a word, it will alleviate a vast deal of human suffering, and supersede a most painful operation. It is not a panacea for all the diseases of the teeth and gums, though a certain and efficacious remedy for the common cause of tooth-ache. It will be a valuable remedy for children, delicate persons, and pregnant women. It does not accelerate the decay of the tooth to which it is applied."

OPHTHALMOLOGY.

55. *On the Utility of Strychnia in certain forms of Amaurosis*. By Mr. MELMONE, Assistant-Surgeon to the Birmingham Eye Infirmary.—It is readily admitted that the term amaurosis comprises a variety of pathological conditions, not only most diversified in their seat, but various in their state; for instance, an accumulation of fluid in the infundibulum, producing pressure upon the optic nerve; or an alteration of the ossicile aperture through which the optic nerve passes; an atonic state of the retina, unattended with any organic alteration; or an increased fulness of its vessels from general plethora, have all been designated by the term amaurosis, whenever they have led to much diminution of the power of vision; yet nothing can be more different, either as regards the seat of the mischief, or the state of the parts affected, than these several morbid conditions. It is not, however, from an intention to demonstrate the necessity of adopting a more precise and definite term, for the designation of the disease in question, that I have alluded to, what appears to be a great defect in the name generally applied to these various conditions of morbid action or altered structure, but to point out the necessity of selecting that particular state of the system, or the retina, or other part of the nervous apparatus of the eye,

leading to partial or total blindness, for the employment of a remedy which, on two former occasions, I ventured to recommend to the notice of the profession. It will be readily conceded, that on this circumstance depends the probable success or otherwise of the local application of strychnia in amaurosis; and, as I am well aware, that its use is attended with annoyance to the patient, and trouble to the surgeon, and that on this account it is not likely to be had recourse to, unless under an impression of its great value; and as the first trial, if unattended with advantage, will in some instances lead to its discontinuance, I shall trespass for a short time upon your pages, in order to impress upon the serious attention of your readers, the description ofamaurotic symptoms which have been present in those subjects, in whom I have most advantageously had recourse to its assistance.

During the last six months I have received from several medical friends, a request to take under my care persons suffering from amaurosis, for the express purpose of subjecting them to a trial of the local application of strychnia, but in nearly every case they have been very unsuitable subjects; and, in some instances, it would have been highly improper to have attempted its use. The last patient I saw was one of this description; he was an attorney's clerk, who had been accustomed to write for many hours by a strong gas-light; and he remarked, (which, by the bye, is a very general observation,) that he was compelled to increase the strength of the light until the flame was eventually of a very vivid description; the strength of light with which he could see extremely well, when he first commenced the burning of gas, afforded him, after a time, little more than an indistinct perception of surrounding objects, and he was consequently compelled to increase the power of the flame, as has been mentioned; in this way he continued sometimes writing three or four, at others, six or seven hours together, by the assistance of this immoderately augmented light; by this means an attack of subacute retinitis was induced, an attack neither so rapid in its progress, nor so obviously disorganizing in its effects as the acute retinitis, nor so tardy in its course as the chronic form of this disease. I did not see this patient until his vision was nearly destroyed, when an examination of the eye, and an investigation of the history of the case, assured me that it was quite nonsuited to the advantageous employment of strychnia. Had the remedy been used in this case, it is quite obvious that the patient would have suffered the inconvenience of its application, without any chance of deriving the slightest benefit; and it is by no means improbable that it might have been discarded from the good opinion of the gentlemen who had only been induced to try its powers in consequence of the recommendation of others; nothing, however, would have been more unfair than to have concluded from such a description of experience, even presuming the strychnia had been tried, that it had no influence upon the disease designated by that indefinite term, amaurosis. In nearly every instance in which I have employed the strychnia, locally, for the purpose of restoring lost, or improved impaired vision, other modes of treatment had been previously adopted, and the patients had been under the care of those, who, from my knowledge of their skill and acquirements, would treat them in the most judicious manner according to the general rules of practice in similar cases, so that I have had the great satisfaction of proving most unequivocally the decided value of the remedy in question.

If a person be suffering from loss or diminution of the power of vision from an atomic state of the retina, or other part of the nervous apparatus of the eye, or of the system generally, the local use of strychnia, (applied in the following manner,) will be, in my opinion, the most likely means of removing the defect, more especially, if it be of recent occurrence. But it will, in many instances, be found necessary to institute a most rigid examination, before deciding upon the necessity or propriety of the treatment: for instance, the history of the patient must be closely investigated, and the eye subjected to the most attentive examination, and if the result of this inquiry and examination lead to the opinion that the defect does depend on the atomic condition of one, or all the parts

to which I have just alluded, be may, with safety, be subjected to the very tedious and somewhat painful plan of treatment it remains for me to explain; but it will be readily admitted, that if this examination be not conducted in the most careful manner, it will be impossible to discriminate, with any approach to certainty, the particular conditions of the retina, and other parts of the nervous apparatus of the eye, productive of amaurosis, which admit of alleviation or removal; nor can the trial of strychnia, without such a preliminary investigation, be viewed, as otherwise than a rash and criminal procedure; a procedure which is more likely to destroy the power of vision for ever, than to yield any prospect of relief. Having pointed out that condition of the retina, or other parts of the nervous apparatus of the eye, or of the system, (which I have termed atonic,) capable of being relieved by the local application of strychnia, it may be thought right to complete the treatment, it may be frequently necessary to combine with this local remedy; but as my object is merely to recommend the employment of the more important remedy; and as the various tonics and stimulants, which it may often be advisable to use at the same time can be readily adapted to the circumstances of individual cases; and as they form but a very secondary and subordinate part of the treatment, I shall not extend my observations, nor trespass upon your pages to attempt the supply of this trivial deficiency.

The following case not only illustrates the mode of using the strychnia, but explains the condition of retina producing amaurosis, which has appeared to me likely to be hencifited by its use, unless, indeed, it be admitted, that a suspension of its action for a long period, induces some alteration of structure, not indicated by constitutional symptoms, nor evidenced by local changes, by which it is permanently unsifted to receive and obey the stimulus of light. A few years ago, I attended a Miss P. of this town, who had, many years since, been operated upon for cataract, by the late Mr. Saunders; she was about nine years old at the time of the operation, which was very well performed, if we may judge from the appearance of the eyes, which do not present any traces of inflammatory mischief, and are only to be distinguished from perfectly healthy organs by the large size of the pupil, a rotatory motion of the eyeball, and a small remnant of capsule at the side of the pupil, this girl is highly intelligent, and in a moderately good state of health, and, with the exception of the defects just mentioned, her eyes are perfectly natural and healthy in appearance, and yet she has never been able to distinguish the form, colour, or magnitude of surrounding objects, having merely a perception of light, and a capacity to distinguish its degrees, when varied from an extremely feeble to a very brilliant light; a power which she possessed, though to a less extent, prior to the performance of an operation. Considering the defect of vision to have arisen in consequence of permitting the retina to remain for so many years unimpressed by its natural stimulus, and that by exciting its sensibility, it might still be rendered obedient to the stimulus of light, I employed the strychnia in the following manner:—having placed a blister over each eyebrow, and afterwards cut away the raised cuticle, so as to expose an extensive surface, which would be likely to prevent the frequent necessity of re-blistering the part, I sprinkled the strychnia equally upon the whole of the surface, commencing with the sixth of a grain upon each, and gradually augmenting the quantity until I was enabled to use a grain upon each side, at which time she had occasionally a much increased perception of light, with frequent scintillations; but, unfortunately, the remedy began to affect the head, producing so much uneasiness and nervous disturbance that I did not judge it prudent to persevere in its use any longer, much less to increase the quantity, to that extent, which, in my opinion, was indispensable to success. In the course of the treatment, I was pleased to hear this patient complain of the sensation of scintillation, as, on former occasions, that symptom had been frequently followed by the most satisfactory result; and although in this instance I was unable to persevere as I could have wished, in consequence of the extreme head-ache and other symptoms, yet it is still hoped, that on

some future occasion, she may be enabled to bear the requisite treatment, without a recurrence of these untoward symptoms.

There is one other circumstance which was remarked in this case, and which appears to me worthy of recording; when the blistered surface had healed in its circumference, I was compelled to place nearly the whole of the strychnia upon a very small space, indeed, a great part of it was dusted upon, and immediately around the situation of the supra-orbital nerve; and it was observed that the remedy acted with greater advantage, than when placed upon a larger extent of surface. It immediately occurred to me that the nervous connexion subsisting between this branch and the nervous supply of the iris, afforded a satisfactory explanation of the circumstance. Acting upon this impression, I repeated this mode of application upon a patient soon afterwards, and instead of applying a long narrow blister over the whole eye-brow, and partly upon the temple, as on former occasions, I directed the lower border of the blistering plaster to be placed, as nearly as possible in, and just above the situation of the supra-orbital notch, desiring that it might not extend beyond the outer edge of the eye-brow, and, in this case also, the advantage of limiting the application of the remedy was equally evident. As, however, the quantity it may be necessary to use, in order to produce the desired effect, will in some patients be considerable, and, as we cannot calculate upon the absorption of a thick layer of powder, with the requisite degree of rapidity, it will often be adviseable to scatter it more extensively; bearing in mind, of course, that only as much of the strychnia must be placed in the situation we have considered to be that in which it acts most efficiently, as can be absorbed within the time allotted for a second application.

If, in the case of Miss P. the use of strychnia had been commenced soon after the failure of the operation of solution had occurred, there would have been every prospect of the recovery of a much greater degree of vision than she at present enjoys; but, as the retina had remained in an unexcited state for so many years, it was not probable that any treatment would restore its power, and it was only after an explanation to this effect; after having explained the very little chance of success the application of the strychnia afforded, in consequence of the long duration of blindness, that I consented to adopt the treatment she was desirous of undergoing.

The following brief directions will include all that I have hitherto found necessary to insure the full action of this remedy: place a narrow blister over each eye-brow, which must not extend beyond a line drawn upwards from the external canthus: when it has risen sufficiently, cut away all the cuticle and apply, for half an hour, a piece of linen to absorb the serum, which is apt to be discharged in large quantities for a short time after the removal of a blister, then dust the remedy chiefly in the situation of the supra-orbital nerve, but not so thickly as to prevent the entire absorption of the whole layer of the powder, at the time of the second dressing, which should be, as nearly as possible, twenty-four hours afterwards; twenty-four hours between each dressing is a proper and necessary interval; cover the blistered surface with a piece of linen very thinly spread with ung. cetaeii, for, if much greasy matter be mixed with the powder, it is less easily and quickly absorbed; but, unless a little be applied, the linen adheres to the wound and occasions great pain in its removal. Increase the dose of strychnia very gradually until the state of vision is improved, or symptoms indicative of the injurious agency of the remedy occur. If there be much local pain excited by the application of the strychnia, dilute it with flour, or mix it with opium; and if that do not succeed, suspend its employment until the stomach and bowels be improved by a plan of treatment instituted expressly for their benefit, and then resume its use; if severe pain in the head, convulsive muscular twitchings, great general nervous excitement, or other symptoms, denoting the injurious agency of the strychnia upon the constitution supervene, and the condition of vision be not improved, it must be discontinued altogether; as it would appear probable that in such case it was

not likely to exert a favourable influence upon the disease, at the same time, that from some peculiarity of constitution, it was calculated to do important general mischief.

The case of Miss P. is one, amongst others, which have fallen under my notice, strongly illustrating the propriety of the recommendation of the late Mr. Saunders, with regard to the early performance of an operation for the removal of congenital cataract. As it is impossible to conceive a greater argument in support of the opinions of that amiable man and excellent surgeon, upon this subject, than the remarks of Dr. Farre on the success of his (Mr. Saundar's) operations, performed upon children at various ages, I shall beg leave to make the following brief extract from them. The sensibility of the retina "in many of the cases cured at the ages of four years and under, could not be suppressed in children who had enjoyed vision from birth; but at eight years, and even earlier, the sense was evidently less active; at twelve it was still more dull; and from the age of fifteen and upwards, it was generally very imperfect, and sometimes the mere perception of light remained."

On account of this disposition of the retina to remain in a permanent condition of inaction, when unaccustomed for a long time to the influence of its natural stimulus, it has been recommended on high authority, to remove a cataract from one eye, when fully formed, when its fellow is perfectly healthy; apparently forgetting that the retina of an eye so circumstanced, is by no means in the same unexcited state as that nervous expansion in the eyes of a patient affected with congenital cataract. For, if one eye only be affected with cataract, (not congenital,) the other eye remaining perfectly healthy, the action of light upon the retina of the sound organ, will produce a sympathetic impression to a certain extent, upon the other, and thus preserve its susceptibility, though in a diminished degree; whereas, in the case of congenital cataract affecting both eyes, the retina has never been fully and perfectly impressed with the stimulus of light, and its susceptibility gradually diminished on the one hand, whilst its stimulus declines on the other; the declension of stimulus arising from the increasing density and opacity of the cataract, and the diminution of susceptibility being dependant on the inactive state of the retina, increased by the gradually diminishing quantity of light transmitted through the humours of the eye, from the cause to which we have just adverted.

It has been said that, if a mature cataract be allowed to remain in one eye, it disposes that organ to become amaurotic, and has a tendency to excite a similar disease in its fellow; and whilst it limits the sphere of vision, it weakens the opposite organ by the undivided labour it obliges it to sustain. As I have never had the slightest reason to believe that an opaque condition of one lens, possesses in itself any capability of exciting a similar state in the lens of the opposite eye, and as my attention has been particularly directed to the investigation and elucidation of this circumstance, I must refuse my assent to this doctrine, until future observation has increased our knowledge upon this point.

With regard to the other objections, I will merely observe, that whenever one eye only has been affected with cataract, which has not been congenital, nor produced by accident, the vision of that eye has been generally restored by an operation, however long the cataract may have existed; or, rather, the retina has, after such operation, indicated its capacity to be properly excited by its natural stimulus. Of course I am presuming that the operation has been judiciously adopted and properly performed, and that no effects injurious or destructive to vision, have been produced by the operation. If congenital cataracts had been permitted to exist for the same number of years, as in the cases now referred to (though not detailed,) from my notes, and which have furnished me with the data for my present opinions, the degree of success consequent on the performance of an operation for their removal, would have been much less considerable, and, in many instances, judging from the result of operations undertaken for the cure of congenital cataracts, upon patients at the age of ten and upwards, no vision whatever would have been restored.

From these remarks, and from opinions formed after the maturest deliberation, I would deduce the following conclusions; and 1st, that although the retina in the case of congenital cataract affecting both eyes, is likely to remain in a permanently atonic state, if the opaque lens be not removed at an early period of life, yet the same condition of retina is not likely to be produced by the existence of cataract in one eye, for an equal number of years. 2nd, that experience does not warrant a belief, that the existence of an opaque lens in one eye, has a tendency to excite a similar disease in the opposite organ. 3rd, that so long as the sight of one eye remains perfect, the field of vision is sufficiently extensive for every useful purpose; and lastly, that in many persons who have lost the power of vision with one eye, the sight of the remaining eye has continued with the same, or nearly the same, degree of vigour, as under ordinary circumstances.—*Midland Medical and Surgical Reporter, May and August, 1831.*

56. *On the efficacy of the Nitrate of Silver Ointment in leucoma, and dense opacity of the cornea.* By Mr. MIDDLEMORE.—Sometimes the cornea may be the seat of leucoma, which may or may not be combined with synchia anterior; and if this leucomatous state of the cornea be very extensive, or unusually dense, the power of vision will be very generally limited to an indistinct perception of light, and, in other instances, vision will be totally destroyed. In such cases, the iris will be frequently uninjured, and the deep-seated textures unimpaired, and the retina quite capable of performing its proper function, if the opaque condition of the cornea did not prevent the transmission of light. It is, therefore, a point of the utmost importance, to remove this opaque state of the cornea with as much speed as possible; but, in many of these cases, the oxymuriate drops, and the various stimulants usually employed for this purpose, either fail to remove it altogether, or do so only partially, after the lapse of a very long period. In these instances, I have witnessed the most surprising results, from the application of the nitrate of silver ointment, used daily, or every other day, according to the effect it produces. Many persons, who had relinquished all hope of recovering any useful degree of vision, and who, according to the ordinary mode of treatment, would scarcely, under the most favourable circumstances, have discovered any increase of vision, after one or two years attendance, have been partially restored to sight in as many months; and in the space of five or six months, the leucoma has entirely disappeared, except at that point where the ulceration of the cornea, producing the leucoma, had extended through the whole, or nearly the whole, of its layers.

If this leucomatous condition of the cornea, or a state of simple opacity of the cornea, (always presuming that the corneal opacity be very extensive, and of considerable density,) be connected with an enlargement of vessels, which enlargement may be confined to its conjunctival covering, or may form the ostensible vascular organization of the substance constituting the opacity or leucoma, and may be therefore more deeply situated; the same mode of treatment is equally applicable, and will be equally successful. When either of these states of the cornea occurs as the result of purulent ophthalmia, the chances of success will be still greater, on account of the comparatively short period which has elapsed since the new substance, constituting the opacity, has been deposited and organized, and the greater activity of absorption at that early period of life.—*Midland Med. and Surg. Reporter, August, 1831.*

57. *Pannus.*—In our department of Materia Medica, we have given the formula for the preparation of nitrate of silver ointment; that ointment Mr. MIDDLEMORE recommends in various affections of the eyes, and among others, he states that it is calculated to render the most important service in that thickened, opaque, and vascular state of the conjunctival lining of the eye, usually termed pannus. This condition of the mucous covering of the cornea, is frequently combined

with, and produced by, a vascular and granular, or, (what is more infrequent,) a cutaneous state of the palpebral conjunctiva; but, whether this condition of the palpebral conjunctiva be present or otherwise, whether the mucous covering of the cornea be merely thickened and rendered opaque, or, in addition to this thickened and opaque state be also vascular, Mr. M. says that the use of the nitrate of silver ointment is equally called for, and promises the most speedy and material relief. Of course it would be desirable to cure any defect requiring operation for its removal, which appeared to be maintaining and increasing this morbid condition of the cornea, before having recourse to the ointment; for instance, there may be an incurvature of the tarsal cartilage, an irregularity in the growth of one or more of the eye-lashes, or an inversion of the whole of the eye-lashes, from their unnatural position at the inner border of the tarsal margin, which having produced the alteration in the translucency of the cornea, to which I am now adverting, it would be adviseable, indeed, indispensably requisite, to remove, as a preliminary measure to the adoption of any curative plan of treatment whatever. But the mere removal of this defective condition of the tarsal cartilage, the integuments of the eye-lids, or the direction of the eye-lashes, will not be sufficient to restore the translucency of the cornea; and it is with a view of curing the effects any one of these conditions may have produced, and which the mere removal of the cause which produced them, will not accomplish, that the present plan of treatment is proposed.—*Ibid.*

58. *Chloruret of Lime in Purulent Ophthalmia.*—We have already noticed, Vol. I. p. 459, the chloride of lime having been successfully employed by Dr. Varlez of Brussels, and Mr. Guthrie of London, in the treatment of purulent ophthalmia. In a late number of the *Journ. Comp. des Sc. Med.* Dr. Herzberg relates four cases, in which he employed this remedy with advantage.

We have ourselves employed it in a few cases, but without the striking benefits we were led to expect from the representations of others. It will require further experience to determine its real value.

SURGERY.

59. *Excision of Scirrhoue Rectum.*—Mr. LISFRANC has excised the lower extremity of the rectum in nine cases, of which six were successful, for the removal of what is termed by French surgeons, cancer. The peritoneum descends along the front of the rectum to six inches from its extremity in women, to four inches from the same in man. By means of an ovoid incision in the skin around the anus, the rectum can readily be drawn out behind, and any kind of instrument may be applied to it; there exists a second sphincter above the first. M. Lisfranc has removed as much as three inches and a half of the rectum, and he recommends the operation whenever the forefinger can reach beyond the upper margin of the disease, and when the cellular texture, external to the gut is sound. The operator must bear in mind that the antero-posterior diameter of the perineum is generally one inch, the distance of the anus from the coccyx eighteen lines, and that between the anus and the base of the same bone two inches, that considerable portions of the rectum may be removed laterally and posteriorly without wounding the vagina in woman, or the urethra in man; and finally, that hemorrhage may always be arrested by pressure or by ligatures. In the performance of the operation the patient is to be placed as in the lateral operation for lithotomy—two semilunar incisions are to be made around the anus—and the rectum to be insulated in its inferior extremity, drawn down by the forefinger introduced into its cavity, and cut off by means of scissors. After the cure, the faeces are sometimes voided in the usual manner, sometimes a *bourellet* is formed introally, and takes the place of the sphincter, sometimes